

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533688

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		3		/		
5		6		/		
6		6		/		
7		6		/		
8		6		/		
9		6		/		
10		6		/		
11	/		/			
12		1		/		
13		1		/		
14		3		/		
15		6		/		
16		6		/		
17		6		/		
18		6		/		
19		6		/		
20		6		/		
21		6		/		
22	/		/			
23	/		/			
24		2		/		
25		2		/		
26		6		/		
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28		6		/		
29	/		/			
30		1		/		
31		1		/		
32		3		/		
33		3		/		
34		5		/		
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47				/		
48				/		
49				/		
50				/		
TOTAL IND.	5	↓	5	↓		↓
TOTAL DEP.	46	←	48	←		←
TOTAL CLAIMS	51		53			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						